

	<p style="text-align: center;"><b>SOLICITATION AMENDMENT</b></p> <p>Solicitation Number: <u>RFP YH07-0001</u></p> <p>Amendment Number 1 (One)</p> <p>Solicitation Due Date: March 31, 2006 3:00 PM (MST)</p>	<p>Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034</p> <p>Contract Management Specialist: Jamey Schultz, CMS E-mail: <a href="mailto:Jamey.Schultz@azahcccs.gov">Jamey.Schultz@azahcccs.gov</a></p>
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A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. **REPLACE** Section I. Instructions to Offerors, Paragraph 14. Contents of Offeror's Proposal; subparagraph A. Capitation, 3. with the following:  

“Submit the appropriate Rate Attestation Statement for each County for which a rate is submitted including Counties where the published rate is accepted.”
2. **REPLACE** Section I. Instructions to Offerors, Paragraph 14. Content of Offeror's Proposal; subparagraph A. Capitation, “SEE SECTION J, EXHIBIT D FOR FURTHER INSTRUCTIONS ON DEVELOPING CAPITATION RATES.” with the following:  

“SEE SECTION J, EXHIBIT D FOR FURTHER INSTRUCTIONS ON A) DEVELOPING CAPITATION RATES AND B) ATTESTATION REQUIREMENTS.”
3. **INSERT** a new paragraph in Section J, Exhibits, Exhibit D, Capitation Submission Instructions; after the “Potential Adjustments to Published and Awarded Rates:” section as follows:  

**“Attestation Requirement:**  
Submit the appropriate Rate Attestation Statement for each County for which a rate is submitted including Counties where the published rate is accepted.  
Form 1 – Chief Financial Officer Attestation Statement  
Form 2 – Chief Financial Officer and Actuary Attestation Statement”
4. REMOVE Section J, Exhibits, Exhibit D, Capitation Submission Instructions, “**Attestation Submission Requirement**” page and **INSERT** Form 1, Chief Financial Officer Attestation Statement and Form 2, Chief Financial Officer and Actuary Attestation.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this the 16 <sup>th</sup> day of February, 2006, in Phoenix, Arizona.
Signature	Date	<b>Signed Copy in Contract File</b>
Typed Name and Title		Michael Veit
		Contracts and Purchasing Administrator
Name of Company		

**Form 1: CHIEF FINANCIAL OFFICER ATTESTATION STATEMENT**

This Attestation Statement is to be used when the published capitation rate is accepted. Each Offeror will be required to submit this Attestation Statement for each county in which the Offeror has accepted the published rate.

Capitation Rate Attestation Statement

From

(Name of Offeror)

To The

Arizona Health Care Cost Containment System

I hereby attest that I have reviewed the capitation rates submitted for:

GSA:

County:

I agree that the rates are reasonable for the services to be covered by the ALTCS 2007 RFP YH07-0001. Failure to sign the Attestation Statement will result in AHCCCS' non-acceptance of the capitation rate portion of the ALTCS 2007 RFP YH07-0001. I also understand that the published capitation rates are subject to change as noted in Section D, ¶82, Section J, Exhibit D and other areas of the RFP proposal.

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(Chief Financial Officer's Signature)

(Date)

**Form 2: CHIEF FINANCIAL OFFICER AND ACTUARY ATTESTATION STATEMENT**

This Attestation Statement is to be used when submitting a capitation rate bid proposal. Each Offeror will be required to submit this Attestation Statement for each county in which the Offeror has submitted a proposed capitation rate bid.

Capitation Rate Attestation Statement

From

(Name of Offeror)

To The

Arizona Health Care Cost Containment System

We hereby attest that we have reviewed the capitation rates submitted for:

GSA:

County:

We agree that the rates are reasonable for the services to be covered by the ALTCS 2007 RFP YH07-0001. Failure to sign the Attestation Statement will result in AHCCCS' non-acceptance of the capitation rate portion of the ALTCS 2007 RFP YH07-0001. We also understand that the awarded capitation rates are subject to change as noted in Section D, ¶82, Section J, Exhibit D and other areas of the RFP proposal.

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(Chief Financial Officer's Signature)

(Date)

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(Actuary's Signature, Affiliation)

(Date)